

CRITERIA FOR PRIOR AUTHORIZATION

Ibrance® (palbociclib)

PROVIDER GROUP Pharmacy**MANUAL GUIDELINES** The following drugs requires prior authorization:
Palbociclib (Ibrance®)**CRITERIA FOR APPROVAL** (Must meet the following criteria):

- Patient must have a diagnosis of advanced or metastatic breast cancer
- The tumor must be estrogen receptor (ER)-positive and human epidermal growth factor receptor 2 (HER2)-negative
- Must be used as combination therapy with either:
 - letrozole as initial endocrine based therapy in postmenopausal women
 - fulvestrant in women with disease progression following endocrine therapy
- Patient must be 18 years of age or older
- Patient must not be pregnant or breastfeeding
- Patient must not be on a strong CYP3A4 inducer

LENGTH OF APPROVAL 12 months**Notes:**

- Recommended dosing is 1 capsule once daily for 21 days followed by 7 days off treatment to comprise a complete cycle of 28 days
- When co-administered with letrozole, recommended dose of letrozole is 2.5 mg once daily continuously throughout the 28-day cycle.
- When co-administered with fulvestrant, recommended dose of fulvestrant is 500 mg administered on days 1, 15, 29 and once monthly thereafter.

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DATE

DATE